

BAY COUNTY

INSPECTOR'S WEEKLY PROGRESS REPORT

CIP Name: _____ No.: _____

Week beginning _____ and ending _____

Equipment utilized on project: _____

Phases of work being conducted: _____

Work completed: _____

General Information: _____

This project is approximately _____% complete at this time.

(Inspector)

NOTE: This report shall be made for each project and submitted to the County's Project Manager's office, no later than Friday noon of the reporting week. Additional information may be placed on reverse side of this sheet, if necessary.